

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

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1. Agency Name Office of Councilmember Sam Liccardo		Date Stamp 2013 JUN -6 PM 2:45	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) District 3			
Street Address 200 E. Santa Clara Street, San Jose, CA 95113			
Designated Agency Contact (Name, Title) Maggie Le, executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (408) 535-4903	E-mail district3@sanjoseca.gov	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Sharks v. Kings Face Value of Each Admission \$ 190⁰⁰

Description Hockey game Date(s) 05 / 26 / 13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

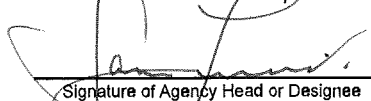
Yes ☐ No ☐ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
college of Adaptive Arts	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Recognition Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Sam Liccardo council member 06/05/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)